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CONFIRMATION NO. 1140

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|------------------------------------|-----------------------------------------------------------|---------------------|-------------------------------|-----------------------------------------------|
| <b>SERIAL NUMBER</b><br>10/817,331 | <b>FILING OR 371(c) DATE</b><br>04/02/2004<br><b>RULE</b> | <b>CLASS</b><br>800 | <b>GROUP ART UNIT</b><br>1633 | <b>ATTORNEY DOCKET NO.</b><br>D0590.70005US01 |
|------------------------------------|-----------------------------------------------------------|---------------------|-------------------------------|-----------------------------------------------|

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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 09/550,107 04/14/2000 PAT 6,787,125 which claims benefit of 60/129,596 04/15/1999  
 Q.N. O.K.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 UNITED KINGDOM 9908670.4 04/15/1999  
 Q.N. O.K.

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 06/18/2004

|                                                                                                                                                  |                                   |                             |                           |                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no                                                     | <b>STATE OR COUNTRY</b><br>SWEDEN | <b>SHEETS DRAWING</b><br>19 | <b>TOTAL CLAIMS</b><br>30 | <b>INDEPENDENT CLAIMS</b><br>3 |
| 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                   |                             |                           |                                |
| Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>                                                                            |                                   |                             |                           |                                |

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**TITLE**  
 Compound screening method

|                                   |                                                                                                             |                                                                                                                                                                                                                                                                                 |
|-----------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>FILING FEE RECEIVED</b><br>540 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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